ISSUE SLIP STAPLE AREA (for additional cross references)

			DATE
POSITION	INITIALS	ID NO.	DATE
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I.P.E. CLASSIFIER		70	10/2/1
ORMALITY REVIEW		1001	107070
RESPONSE FORMALITY REVIEW	N		

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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